

FILED FEB 15 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 966

0457

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR Fayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Walnut St.		d. STREET ADDRESS (If rural, give location) E. Walnut St.	

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3. NAME OF DECEASED (Type or Print) a. (First) Lilborn b. (Middle) -- c. (Last) Gates		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1951	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH -/-/ 1900
9. AGE (In years last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE Maggie Burris	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. None	
16. INFORMANT'S SIGNATURE OR NAME Tola Banks		ADDRESS Fayette, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Influenza</u> DUE TO (c) <u>Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>2 days</u> <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-8, 1951, to 2-8, 1951, that I last saw the deceased alive on 2-8, 1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Blossy M.D.</u>		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>2-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Farr</u>		ADDRESS <u>Fayette, Mo</u>	

DATE REC'D BY LOCAL REG. 2-10-51 REGISTRAR'S SIGNATURE Mary K. Hall

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-14-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Jayette Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.